

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
03-03

2. STATE:  
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
January 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION  
42 CFR §4440.110(b)

7. FEDERAL BUDGET IMPACT:  
a. FFY '03 \$0  
b. FFY '04 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 43-43c  
Att. 3.1-B, pp. 42-42c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Att. 3.1-A, pp. 43-43d  
Att. 3.1-B, pp. 42-42d

*Minnesota (03-03)*  
*Approved: 03/20/03*  
*Effective: 01/01/03*

10. SUBJECT OF AMENDMENT:  
Occupational Therapy Services

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

// Mary B. Kennedy - signature //

16. RETURN TO:

Stephanie Schwartz  
Federal Relations Unit  
Minnesota Department of Human Services  
444 Lafayette Road No.  
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED:

March 3, 2003

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
3/3/03

18. DATE APPROVED:  
3/24/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

*January 1, 2003*

20. SIGNATURE OF REGIONAL OFFICIAL:

*Alan F. ...*

21. TYPED NAME:

Cheryl A. Harris

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and Children's Health

RECEIVED

MAR - 3 2003

DMCH - MI/MN/WI

STATE: MINNESOTA  
Effective: January 1, 2003  
TN: 03-03  
Approved:  
Supersedes: 01-23

ATTACHMENT 3.1-A  
Page 43

11.b. Occupational therapy services.

Coverage is limited to:

- (1) Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.
- (2) Services provided by an occupational therapist or an occupational therapy assistant who is under the direction of an occupational therapist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
  - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
  - (B) Specialized maintenance therapy provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical conditions(s) result in:
    - (i) Spasticity or severe contracture that interferes with the recipient's activities of daily living or the completion of routine nursing care, or decreased functional ability compared to the recipient's previous level of function;

STATE: MINNESOTA

ATTACHMENT 3.1-A

Effective: January 1, 2003

Page 43a

TN: 03-03

Approved:

Supersedes: 01-23

---

**11.b. Occupational therapy services. (continued)**

(ii) A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns, activities of daily living, cardiovascular function, integumentary status, positioning necessary for completion of the recipient's activities of daily living, or decreased abilities relevant to the recipient's current environmental demands, or;

(iii) health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
- (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
- (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.

**Occupational therapist** is defined as an individual ~~currently~~ registered certified by the ~~American~~ National Board for Certification in Occupational Therapy Association who maintains state licensure as an occupational therapist.

**Occupational therapy assistant** is defined as an individual who has successfully completed all academic and field work requirements of an occupational therapy assistant program approved or accredited by the Accreditation Council for Occupational Therapy Education and who is currently certified by the American National Board for Certification in Occupational Therapy Certification Board as an occupational therapy assistant.

STATE: MINNESOTA  
Effective: January 1, 2003  
TN: 03-03  
Approved:  
Supersedes: 01-23

ATTACHMENT 3.1-A  
Page 43b

11.b. Occupational therapy services. (continued)

**Direction** is defined as the actions of an occupational therapist who instructs the occupational therapy assistant in specific duties to be performed, and monitors the provision of services on-site and documents the appropriateness of the services not less than every sixth treatment session of each recipient.

Coverage does not include:

- (1) Services provided in a nursing facility, ICF/MR, or day training and habilitation service center, if the cost of occupational therapy has been included in the facility's per diem, such as:
  - (A) Services for contracture that are not severe and do not interfere with the recipient's functional status or the completion of nursing care as required for licensure of the long-term care facility;
  - (B) Ambulation of a recipient who has an established gait pattern;
  - (C) Services for conditions of chronic pain that does not interfere with the recipient's functional status and that can be maintained by routine nursing measures;
  - (D) Services for activities of daily living when performed by the therapist, therapy assistant or therapy aide; and
  - (E) Bowel and bladder retraining programs.
- (2) Arts and crafts activities for the purpose of recreation.
- (3) Services that are not documented in the recipient's health care record.
- (4) Services that are not designed to improve, maintain, or prevent deterioration of the functional status of a recipient with a medical condition.
- (5) Services by more than one provider of the same type for the same diagnosis unless the service is provided by the school district as specified in the recipient's individualized education plan.

STATE: MINNESOTA  
Effective: January 1, 2003  
TN: 03-03  
Approved:  
Supersedes: 01-23

ATTACHMENT 3.1-A  
Page 43c

11.b. Occupational therapy services. (continued)

- (6) \_ A rehabilitative and therapeutic service that is furnished by a provider not enrolled with Medicare, or, in the case of dual eligibles, furnished by a provider who does not first bill Medicare.
- (7) Evaluations or reevaluations performed by an occupational therapy assistant.
- (8) Services provided by an occupational therapist other than the therapist billing for the service, unless the occupational therapist provided the service as an employee of a rehabilitation agency, long-term care facility, outpatient hospital, clinic, or physician; in which case, the agency, facility or physician must bill for the service.
- (9) Services provided by an independently enrolled occupational therapist.
- (10) For long-term care recipients, services for which there is not a statement every 30 days in the clinical record by the therapist providing or supervising the services that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.

STATE: MINNESOTA  
Effective: January 1, 2003  
TN: 03-03  
Approved:  
Supersedes: 01-23

ATTACHMENT 3.1-B  
Page 42

11.b. Occupational therapy services.

Coverage is limited to:

- (1) Services prescribed by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.
- (2) Services provided by an occupational therapist or an occupational therapy assistant who is under the direction of an occupational therapist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
  - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
  - (B) Specialized maintenance therapy provided to a recipient whose condition cannot be maintained or treated only through rehabilitative nursing services or services of other care providers, or by the recipient because the recipient's medical conditions(s) result in:
    - (i) Spasticity or severe contracture that interferes with the recipient's activities of daily living or the completion of routine nursing care, or decreased functional ability compared to the recipient's previous level of function;

STATE: MINNESOTA

ATTACHMENT 3.1-B

Effective: January 1, 2003

Page 42a

TN: 03-03

Approved:

Supersedes: 01-23

---

---

11.b. Occupational therapy services. (continued)

(ii) A chronic condition that results in physiological deterioration and that requires specialized maintenance therapy services or equipment to maintain strength, range of motion, endurance, movement patterns, activities of daily living, cardiovascular function, integumentary status, positioning necessary for completion of the recipient's activities of daily living, or decreased abilities relevant to the recipient's current environmental demands, or;

(iii) health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
- (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
- (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.

Occupational therapist is defined as an individual ~~currently registered~~ certified by the American National Board for Certification in Occupational Therapy Association who maintains state licensure as an occupational therapist.

Occupational therapy assistant is defined as an individual who has successfully completed all academic and field work requirements of an occupational therapy assistant program approved or accredited by the Accreditation Council for Occupational Therapy Education and who is currently certified by the ~~American National Board for Certification in Occupational Therapy Certification Board~~ American National Board for Certification in Occupational Therapy as an occupational therapy assistant.

STATE: MINNESOTA  
Effective: January 1, 2003  
TN: 03-03  
Approved:  
Supersedes: 01-23

ATTACHMENT 3.1-B  
Page 42b

11.b. Occupational therapy services. (continued)

**Direction** is defined as the actions of an occupational therapist who instructs the occupational therapy assistant in specific duties to be performed, and monitors the provision of services on-site and documents the appropriateness of the services not less than every sixth treatment session of each recipient.

Coverage does not include:

- (1) Services provided in a nursing facility, ICF/MR, or day training and habilitation service center, if the cost of occupational therapy has been included in the facility's per diem, such as:
  - (A) Services for contracture that are not severe and do not interfere with the recipient's functional status or the completion of nursing care as required for licensure of the long-term care facility;
  - (B) Ambulation of a recipient who has an established gait pattern;
  - (C) Services for conditions of chronic pain that does not interfere with the recipient's functional status and that can be maintained by routine nursing measures;
  - (D) Services for activities of daily living when performed by the therapist, therapy assistant or therapy aide; and
  - (E) Bowel and bladder retraining programs.
- (2) Arts and crafts activities for the purpose of recreation.
- (3) Services that are not documented in the recipient's health care record.
- (4) Services that are not designed to improve, maintain, or prevent deterioration of the functional status of a recipient with a medical condition.
- (5) Services by more than one provider of the same type for the same diagnosis unless the service is provided by the school district as specified in the recipient's individualized education plan.



11.b. Occupational therapy services. (continued)

- (6) \_ A rehabilitative and therapeutic service that is furnished by a provider not enrolled with Medicare, or, in the case of dual eligibles, furnished by a provider who does not first bill Medicare.
- (7) Evaluations or reevaluations performed by an occupational therapy assistant.
- (8) Services provided by an occupational therapist other than the therapist billing for the service, unless the occupational therapist provided the service as an employee of a rehabilitation agency, long-term care facility, outpatient hospital, clinic, or physician; in which case, the agency, facility or physician must bill for the service.
- (9) Services provided by an independently enrolled occupational therapist.
- (10) For long-term care recipients, services for which there is not a statement every 30 days in the clinical record by the therapist providing or supervising the services that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.